# SCOPE OF WORK PROGRAM TYPE: ELDER RIGHTS

SERVICE: EPS HOMEMAKER

## **DEFINITION:**

Homemaker services are the provision of an individual to conduct homemaking activities for at risk clients.

### Services include:

- Teaching and providing home management skills
- Preparing meals
- Transporting meals from senior nutrition site
- General cleaning
- Floor care
- Dusting
- Laundry
- Shopping
- Other miscellaneous duties as specified by the Aging and Disability Services Division to provide a safe and sanitary living environment for the client.

# RATE:

The reimbursement rate for EPS Homemaker services is the same as Medicaid's homemaker rate.

Signature:	Date:

# SCOPE OF WORK

# PROGRAM TYPE: ELDER RIGHTS

SERVICE: MENTAL CAPACITY EVALUATIONS

# **DEFINITION:**

Mental capacity evaluations are used to determine an individual's capacity to make sound judgments and live independently. These evaluations are critical in determining mental capacity and the right to self determination. The evaluations will be used to determine a client's need for legal guardianship, either of the person, estate or both.

# Services include:

- Conducting mental capacity evaluations as soon as possible, but no later than 10 business days from referral. The evaluation will determine a client's need for a guardianship, either of the person, estate, or both.
- Conducting evaluations at the client's place of residence, unless the client is willing and able to travel to the physician's office for the evaluation.
- Providing ADSD with a full written report of the findings, conclusions and recommendations
  regarding the client's need for a guardianship within 7-10 working days of the evaluation, including
  a copy of the evaluation and invoice for services.
- Completing the *Certificate of Incapacity* and *Admonishment of Rights* forms when a guardianship is recommended and return these forms with the written evaluation.

# SCOPE OF WORK PROGRAM TYPE: ELDER RIGHTS

SERVICE: MENTAL CAPACITY EVALUATIONS

# **MINIMUM QUALIFICATIONS:**

Must be a licensed physician in Nevada with education and experience in the field of geriatrics and/or mental health and guardianships.

# RATE:

Mental capacity evaluations will be reimbursed at a rate of \$400 per evaluation plus travel expenses as defined. Travel expenses are defined as follows: Travel mileage will be reimbursed at the state rate of \$.56 ½ per mile. Mileage calculation begins at the providers usual work location or wherever the provider is starting from, whichever is less. Meals will be reimbursed at the GSA (General Services Administration) rate if travel occurs beyond 50 miles of the providers normal work station and during meal hours. Meal hours are defined as leaving at or before 7:00 am for breakfast, leaving at or before 11:00 am and returning after 1:30 pm for lunch, and leaving at or before 5:30 pm and returning after 7:00 pm for dinner. (http://www.gsa.gov/portal/content/101518)

Signature: Date:	
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# SCOPE OF WORK

PROGRAM TYPE: ELDER RIGHTS

**SERVICE: Temporary Assistance for Displaced Seniors** 

## **DEFINITION:**

Temporary Assistance to Displaced Seniors (TADS) is the provision of providing temporary, short term housing to Elder Protective Services clients in a licensed group home.

### Services include:

- Screening of clients referred by ADSD for immediate placement upon provider's determination client's needs can be met.
- To provide usual and customary services to displaced seniors in need of temporary assistance.
  - Coordinate and arrange for all necessary admission protocols including but not limited to medical screenings, transportation to medical appointments, and obtaining prescription medication.
- Services are generally provided for no more than 30 days until alternate housing arrangements can be established or other arrangements have been made with the authorizing ADSD office.

## **MINIMUM QUALIFICATIONS:**

Housing provided must be in a facility licensed by and in good standing with the Bureau of Health Care Quality and Compliance (HCQC). The facility must maintain a rating of "B" or better. The facility is required to notify ADSD if their grade falls below a "B". The notification shall be in writing and shall be within 10 business days of having received the rating.

# **RATE:**

TADS placements will be paid at \$100 per day.

Signature:	Date:
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